



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
MANUFACTURED HOUSING DIVISION**

**2501 E. SAHARA AVENUE, SUITE 204  
LAS VEGAS, NV 89104  
(702)486-4135 FAX (702)486-4309**

**INSPECTION CERTIFICATE**

**TO MANUFACTURED HOUSING DIVISION:**

**This is to certify that I have inspected the below described structure and that the information is true and correct.**

**Manufacturer:** \_\_\_\_\_ **Serial #:** \_\_\_\_\_

**Year:** \_\_\_\_\_ **Size:** \_\_\_\_\_

**Physical location of structure** \_\_\_\_\_

**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

**NRS 489 Any person is guilty of a gross misdemeanor who knowingly furnishes false information to the Division.**

**Organization:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_**

**by \_\_\_\_\_ and \_\_\_\_\_**

**Name of Signer**

**Name of Signer**

\_\_\_\_\_  
**Signature of Notary Public**